

elections@utah.gov



Candidate/Officeholder Statement of Non-Receipt of Contributions and Non-Expenditure of Funds

For candidates that have not spent or received any campaign funds

Name of Candidate or Officeholder Street Address and Apartment Number Code		Political Party	
		City	State Zi
Office Seeking District Number Number		Area Code & Phone Number	Area Code & Fax
		e of Report he appropriate box)	
(Required b Seven days (Required b September (Required b Seven days	PORTS: s preceding Party Convention y all candidates opposed at the convention preceding Primary Election y all candidates opposed in the primary)	YEAR-END REPOR January 5 of every control (Due every year for	odd year
	Report	Verification	
	l,	andidate or Officeholder	_
affirm th	at I have <u>received no contr</u>	ributions and incurred no during this reporting period.	<u>expenditures</u> Date
To File this Form Mail or deliver to Lieutenant Governor's Office Utah State Capitol Complex East Office Building, Suite E325 Salt Lake City, UT 84114-2325 Fax (801) 538-1133		For Offi	ce Use Only
Contact the Lie (8	ore Information cutenant Governor's Office 801) 538-1041 995-VOTE (8683)		

3/07

Date Received